

FORM 4 – SAMPLE CLEARANCE REQUEST

DETAILS OF YOUR RECORDING:

Artist	
Track	
Record Label	
Full Address	
Phone No	
Fax No	
Contact Name (Position)	
Proposed Release Date	
Territories Of Release	
Distributor	
Publisher(s)	
Composer(s)	

DETAILS OF OUR SAMPLED RECORDING:

Artist	
Track	
Record Label	
Full Address	
Phone No	
Fax No	

DETAILS OF SAMPLE:

Description (Vocal, Drum, etc)	
Duration	_____ SECONDS _____ MINUTES

IF MORE THAN ONE SAMPLE FROM THE SAME RECORDING PLEASE STATE:

Description (Vocal, Drum, etc)	
Duration	_____ SECONDS _____ MINUTES
Number of Times the Sample is repeated	